

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Michelle Dicken 2188182308

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Michelle Dicken  
901 Main Street  
Suite 3450  
Dallas, TX 75202  
USA

FILING NUMBER: 18-0044667541

FILING DATE: 12/24/2018 11:07 AM

DOCUMENT NUMBER: 857576100002

FILED: Texas Secretary of State

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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 1a. ORGANIZATION'S NAME

RA Auto Group

OR

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

6900 Gateway E Blvd

## CITY

El Paso

## STATE

TX

## POSTAL CODE

79915

## COUNTRY

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

A&amp;R Chavira LLC

OR

## 2b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 2c. MAILING ADDRESS

6900 Gateway E Blvd

## CITY

El Paso

## STATE

TX

## POSTAL CODE

79915

## COUNTRY

USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

Vehicle Acceptance Corporation

OR

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

901 Main Street Suite 3450

## CITY

Dallas

## STATE

TX

## POSTAL CODE

75202

## COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtors, whether now owned or existing or owned, acquired or arising hereafter. NOTICE: PURSUANT TO AN AGREEMENT BETWEEN DEBTORS AND SECURED PARTY, DEBTORS HAVE AGREED NOT TO GRANT A SECURITY INTEREST IN THE COLLATERAL DESCRIBED HEREIN TO ANY OTHER PERSON. ACCORDINGLY, THE ACCEPTANCE OF ANY SUCH SECURITY INTEREST IS LIKELY TO CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE RIGHTS OF SECURED PARTY.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

<b>UCC FINANCING STATEMENT ADDENDUM</b> <b>FOLLOW INSTRUCTIONS</b>				
9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here <input type="checkbox"/>				
OR	9a. ORGANIZATION'S NAME <b>RA Auto Group</b>		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
	9b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c				
OR	10a. ORGANIZATION'S NAME			
	10b. INDIVIDUAL'S SURNAME <b>Chavira</b>			
	INDIVIDUAL'S FIRST PERSONAL NAME <b>Alexander</b>			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
10c. MAILING ADDRESS <b>7165 Alameda Ave</b>		CITY <b>El Paso</b>	STATE <b>TX</b>	POSTAL CODE <b>79915</b>
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)				
	11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)				
13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		14. This FINANCING STATEMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		16. Description of real estate:		
17. MISCELLANEOUS:				

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